

BEST AVAILABLE COPY

07/22/88

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. D972488	FILING DATE 8/3/87
						APPLICANT(S)	
9127						CLAIMS	
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51	
2			1			52	
3		1		1		53	
4				1		54	
5		1				55	
6		1		1		56	
7		1				57	
8		1		1		58	
9		1				59	
10		1		1		60	
11		1				61	
12			1			62	
13		1		1		63	
14		1				64	
15		1		1		65	
16		1				66	
17			1			67	
18		1				68	
19		1				69	
20		1		1		70	
21		1				71	
22		1				72	
23				1		73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	3	1	1	1		TOTAL IND.	
TOTAL DEP.	10	1	1	1		TOTAL DEP.	
TOTAL CLAIMS	22	2	2	2		TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS